



To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

**SELECTION ADVISORY COMMITTEE APPLICATION INSTRUCTIONS**

Thank you for your interest in serving as a member of the Selection Advisory Committee (SAC) for Fairfax County Consolidated Community Funding Pool FY17-18 award process. Please read the following instructions before completing the application.

**SAC Eligibility Requirements**

To serve as a member of the SAC committee eligible applicants should meet **all** requirements listed below:

- ✓ I am a Fairfax county resident.
- ✓ I am at least 21 years of age.
- ✓ I am neither a current Fairfax County Government employee nor a board member/officer of any agency planning to apply for CCFP funding.
- ✓ I am willing to commit 2.5 hours per week from January through March 2016 as a volunteer SAC member.

If you have met all the eligibility requirements, please proceed to the next page and complete the application form for submission. **All completed forms should be scanned and emailed to [Alice.Morris@fairfaxcounty.gov](mailto:Alice.Morris@fairfaxcounty.gov) OR [Michelle.Brizzi@fairfaxcounty.gov](mailto:Michelle.Brizzi@fairfaxcounty.gov).**

Please note a criminal background check will be completed on applicants who are approved as SAC members.

**Demographic Information**

All requested demographic information to include age, sex, ethnicity race and employment status will be used **solely** for the purpose of ensuring a diverse SAC committee representative of all four regions of the county. This information will not be shared with any other third parties.

**Regions**

Please use the information below as a guide to complete the correct check box for the region in which you live.

Region 1	22150	22310	22303	22153	22079	22315	22306	22307	22308
	22309	22060							
Region 2	22043	22180	22031	22003	22312	22041	22044	22046	
Region 3	20170	20171	20190	20191	20194	22027	22066	22101	22102
	22124	22180	22181	22182					
Region 4	20120	20121	20124	20151	22015	22030	22032	22033	22039
	22152								

**Special Accommodations**

If any type of special accommodations is required to be able to participate in all meetings/discussions, please describe what those needs are so that you will be fully accommodated.



Fairfax County is committed to nondiscrimination in all county programs, services and activities. To receive this information in an alternate format, call 703-324-44600, TTY711.



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**CONSOLIDATED COMMUNITY FUNDING POOL  
FY 2017-18 SELECTION ADVISORY COMMITTEE APPLICATION**

NAME:		AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F															
ADDRESS:		CITY:	ZIP CODE:															
REGION: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	HOME: CELL:		WORK: EMAIL:															
ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	RACE: <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/> OTHER	EMPLOYMENT STATUS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIREE																
Are you a volunteer or employee of any organizations in Fairfax County such as non-profits, schools, faith-based organizations, neighborhood associations, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
If yes, please list the organization(s):																		
Please describe your role in the organization:																		
Meetings may occur bi-weekly or as needed beginning January through March 2016. Will you be able to make the time commitment? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
*Meetings will be held both mornings and evenings. Indicate the day and time that is convenient for you: Mornings: 10 a.m. – midday <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH Evenings: 7 p.m. - 9 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH																		
Do you require any special accommodations to attend the meetings at any of our locations? <input type="checkbox"/> YES <input type="checkbox"/> NO																		
If so, please describe your needs:																		
Please indicate if you have any volunteer or employment experience in one or more of the following categories: <table border="0"><tr><td><input type="checkbox"/> Youth Services</td><td><input type="checkbox"/> Educational Training</td><td><input type="checkbox"/> Mental Health</td></tr><tr><td><input type="checkbox"/> Childcare</td><td><input type="checkbox"/> Dental/Medical Services</td><td><input type="checkbox"/> Emergency Services</td></tr><tr><td><input type="checkbox"/> Senior Services</td><td><input type="checkbox"/> Housing/Transitional/Homelessness</td><td><input type="checkbox"/> Legal Services</td></tr><tr><td><input type="checkbox"/> Employment/Job Training</td><td><input type="checkbox"/> Multicultural (ex. ESOL Immigration)</td><td><input type="checkbox"/> Basic Needs</td></tr><tr><td><input type="checkbox"/> Family Outreach</td><td><input type="checkbox"/> Services for Persons w/Disabilities</td><td><input type="checkbox"/> Other _____</td></tr></table>				<input type="checkbox"/> Youth Services	<input type="checkbox"/> Educational Training	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Childcare	<input type="checkbox"/> Dental/Medical Services	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Housing/Transitional/Homelessness	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Employment/Job Training	<input type="checkbox"/> Multicultural (ex. ESOL Immigration)	<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Family Outreach	<input type="checkbox"/> Services for Persons w/Disabilities	<input type="checkbox"/> Other _____
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\*Meetings may be facilitated via video conferencing, telephone conference and face –to-face discussions. Locations may vary to accommodate SAC members residing in all four regions of the county.